

An Approach to Teaching English for Medical Purposes to Beginners with the use of Content and Language Integrated Learning techniques

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SUMMARY OF DOCTORAL DISSERTATION

The implementation of CLIL in tertiary education has never undergone such a detailed analysis as in primary and secondary education. The present dissertation includes an evaluation of the development of communicative competence, defined as the ability to use language and non-language knowledge in new communication situations, in relation to new texts and communication partners, thanks to the analysis of test results in the context of individual categories of thinking processes in students.

The main aim of this research was to develop guidelines for teaching specialist languages to students with low foreign language competence with the implementation of CLIL techniques (see chapter 6). In order to achieve this aim the present author found it necessary to answer the following research questions:

1. What didactic effect may be achieved while implementing CLIL techniques in teaching English for the purposes of specialist medical communication (English in Nursing) in groups of students at a low level of language competence?
2. What problems may occur throughout the teaching process and how should they be overcome?
3. What is the attitude of students towards this method of language learning?
4. What methodological concepts should be assumed while teaching groups with a low level of language competence with the use of CLIL techniques?

The students of the Medical University of Warsaw are obliged to complete a medical foreign language course encompassing 60-120 hours. The course is tailored to the needs of particular faculties and departments. Separate documents have been prepared to specify the educational goals for Nursing, Public Health, Medicine, Physiotherapy and other specialties. Teaching students at any medical university requires a thorough integration of medical content and language skills. This aim seems to be easier to achieve with the use of CLIL techniques. The

language used by medical professionals has its own set of characteristics, as any other professional language, which needs to be considered when a language course is designed. Nowadays, scientists are required not only to conduct research, but, most of all, share the research results both within the scientific and non-scientific community. Therefore, (future) scientists should also develop their skills as regards specialist language communication, both oral and written.

Classes conducted with the use of CLIL techniques require the analysis of the language used by medical specialists, especially as regards the typical texts. Some problems may be expected during classes. They may be associated with the use of new terminology or scientific discourse which will be a novelty for the majority of students. At the beginning, medical terminology seems to be a long and complicated list of terms to be remembered, but in time it will be obvious that a considerable percentage of specialist medical vocabulary is formed with the use of certain rules. This is due to the fact that, to a large extent, specialist medical language covers vocabulary items originating from Latin (e.g. coagulation, disinfectant, extravasation) or Greek (e.g. creatinine, streptococcus, nephritis).

The present author has the possibility of monitoring the progress of approx. 250 students during every academic year. Each faculty has its own specificity if it comes to the legally required level of language knowledge and non-language content. The classes of Medical English for the Faculty of Medicine have to be conducted at the level of CEFR B2-C1, English for Physiotherapists – at the level of CEFR B2, English for Public Health at CEFR A2-B1 and English for Nursing at CEFR B1. The present author concentrated on the students of Nursing (MSc programme), because their initial level of fluency in English was statistically lowest in comparison with other groups. It needs to be emphasized, though, that no group is ideally homogeneous as regards foreign language fluency. Therefore, it is very important to use tasks which scaffold the development of knowledge and skills both in students at lower and higher levels of foreign language competence.

Integration of teaching non-language content and language competence is a very challenging task, which mainly requires the change in the way that classes are designed and prepared. Non-language content should be the starting point when planning, and then, with the use of the 4C concept [Coyle et al., 2010: 41] and other elements indicated in Chapter 6, it has to be coherently and flexibly combined with teaching language competence.

The progressive activation of higher and higher thinking processes [Bloom et al., 1956] should constitute an integral part of each course conducted with the use of CLIL techniques. Supporting the development of critical thinking produces a lot of difficulties, because it is not

only associated with the ability of students to master the non-language content or the development of linguistic competence. The activation of thinking processes (especially higher-order thinking skills) is another aspect of learning as such. Therefore, it is not only important what and how something is taught. Individual students' characteristics and their learning habits are also responsible for teaching outcomes. The introduction of elements of critical thinking is a complicated task from the perspective of the teacher, but it promotes a holistic approach to education. Continuous development of science makes it necessary to investigate each dimension of life in a much wider context. Education should also be conducted with respect to holistic patterns. Teachers should not treat students as single elements which are not connected with each other and with the external environment. Teaching should be immersed on the context, otherwise future generations will be deprived of the ability to see a wider context in their professional life.

There are numerous techniques of activating processes of different levels of critical thinking [Bloom, 1956: 62-207; see chapter 2.1], e.g. using graphs, figures, tables or other visual aids. According to the present author, proper preparation and development of class materials is the most challenging aspect of implementing CLIL at lower levels of language competence (see chapter 4.2 and 6.6).

The study showed that the approach encompassing the implementation of CLIL techniques into the process of teaching the English to medical specialists is extremely beneficial to students. Moreover, the students expressed very positive opinions of such a method. The results are satisfactory and very promising, which was demonstrated during the analysis of tests in different subgroups whose level of foreign language competence was varied. Such an approach is not popular at universities. CLIL education is expensive and time-consuming due to the fact that cooperation between teachers is required, which should result in the development of new class materials. Additionally, there is a need to offer training for future CLIL teachers. Such a training should encompass fundamental methodological issues concerning foreign language teaching, information regarding CLIL teaching and other factors responsible for effective foreign language teaching.

In tertiary education EMI (English as a Medium of Instruction) programs are becoming more and more popular (see chapter 3.3.1 and 3.4.1). Results obtained during EMI programs are good, but foreign language teaching is not the focus and is usually insufficiently supported. CLIL naturally supports the development of language competence, which is a considerable advantage to be used in EMI variant. Therefore, if we look from the linguistic point of view, the obtained results will facilitate the choice of CLIL for further study. If, however, we

concentrate on mastering the non-language content – EMI or traditional programs conducted in L1 will be the right choice.

In case of students whose foreign language competence is low, ESP should be enhanced with CLIL techniques, which may be a good starting point for students who:

- do not plan to continue language education,
- need English competence only for professional purposes (EOP),
- may think of studying in English (EMI) and the course may serve as language preparation in terms of professional language.

One of the most important elements of this dissertation was the development of guidelines for teaching students whose foreign language competence is low with the use of CLIL techniques (see chapter 6.6). However, the whole research process leading to the development of those guidelines should not be ignored. The research involved the analysis of theoretical issues (Chapters 1-3) and practical aspects (Chapters 4-5) which led to the possibility of providing the final conclusions and guidelines in Chapter 6.

The first chapter includes the analysis of basic definitions connected with the linguistic basic aspects of foreign language didactics: language, language communication and communicative competence, which should not be disregarded while discussing issues connected with specialist communication of medical professionals. Next, specialist language, terminology and specialist texts were discussed. As regards specialist communicative competence - it was defined after being divided into language, discourse, pragmatic and sociolinguistic competence. This part of the chapter includes the definitions of some terms connected with the communication in the environment of medical professions: language, term, specialist language and specialist language of medical professionals.

Chapter 2 tackles the topic of special language didactics (including the language of medicine) and glottodidactic texts. Particular attention was paid to the significance of authentic and didactized texts and their potential in specialist language didactics. Moreover, the methods of authentic text didactization were mentioned. This chapter also includes the overview of Bloom's taxonomy [1956: 62-207] with its cognitive aspect being the integral element of the verification of the present study group's language competence in chapters 4-5.

Chapter 3 includes information concerning CLIL – Content and Language Integrated Learning: its history, starting with immersion and progressing to the most recent papers on CLIL. This chapter also offers an overview of available research on CLIL seen in the context of the title of the dissertation: CLIL in tertiary education (generally and in medicine) and CLIL in students with low foreign language competence. The dissertation includes no data regarding

CLIL in groups of children or adolescents, as it would be inadequate in terms of its topic. Chapter 3 also includes definitions and methodology description in CLIL with reference to relevant literature. Moreover, the author analysed three main CLIL variants: CBI (Content-Based Instruction), LSP (Languages for Specific Purposes) and EMI (English as a Medium of Instruction). The last part of Chapter 3 tackles the issue of the development of class materials in CLIL.

Chapter 4 includes a thorough analysis of the methodological and formal grounds of the course conducted as a part of the research. It also includes a typical pattern according to which classes were designed and prepared with an exemplary lesson plan. Study group was discussed with the analysis of the level of language competence, inclusion criteria and assessment test were presented.

Chapter 5 also refers to empirical issues with a detailed analysis of study group results over 2.5 years of research. The analysis includes an in-depth description of assessment tests and data concerning students' results. The data were presented in a quantitative (statistics, graphs, tables) and qualitative aspect.

Chapter 6 offers an indication of the implementation of the present results in specialist language didactics in groups at lower levels of language competence. The author discussed mistakes made by study group students and techniques of supporting (scaffolding) the didactic process in such a study group. Moreover, the author presented answers to research questions and developed guidelines for the development of specialist language courses with the use of CLIL in students with low foreign language competence.

Regarding the above analysis and conclusions it may be stated that CLIL is an effective tool in teaching English to medical (nursing) specialists whose foreign language competence is low. Moreover, so called *hard CLIL* or EMI programs should be implemented in groups with higher language competence, while *language-driven ESP* with the use of CLIL techniques – in groups with low and very low foreign language competence (see chapter 3.3).